Fill in this	information to identify your case:	C	heck one box only as	directed in this form and	d in Form
Debtor 1	Samuel C. Harrison		22A-1Supp:		
Debtor 2			■ 1. There is no pre	esumption of abuse	
(Spouse, if filing)			2. The calculation to determine if a presumption of abuse		
United Sta	ates Bankruptcy Court for the: District of Massi	achusetts	applies will be	made under Chapter 7	
Case num	nber			official Form 122A-2). st does not apply now be	and the second
(,				st does not apply now be ary service but it could ap	
			☐ Check if this is	an amended filing	
	ıl Form 122A - 1				
Chapt	ter 7 Statement of Your Cu	irrent Monthly Inc	come		12/1
case number qualifying repart 1: 1. What is not	parate sheet to this form. Include the line number to the (if known). If you believe that you are exempted for nilitary service, complete and file Statement of Exemple to Exemp	only. out both Columns A and B, linear J. You and your spouse are: gally separated. Fill out both C ll out Column A, lines 2-11; do n	use you do not have pi e Under § 707(b)(2) (Of s 2-11. olumns A and B, lines not fill out Column B. E	rimarily consumer debts of ficial Form 122A-1Supp) was 2-11. By checking this box, you	or because of with this form.
Fill in th	penalty of perjury that you and your spouse are living apart for reasons that do not include eva are average monthly income that you received from	ding the Means Test requiremen	nts. 11 U.S.C § 707(b)	(7)(B).	·
the 6 mo	 For example, if you are filing on September 15, the 6 onths, add the income for all 6 months and divide the to own the same rental property, put the income from tha 	tal by 6. Fill in the result. Do not inclu	ude any income amount	more than once. For examp	ole, if both
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	r gross wages, salary, tips, bonuses, overtime oll deductions).	e, and commissions (before all	\$ 6,073.65	\$	
	ony and maintenance payments. Do not include mn B is filled in.	de payments from a spouse if	\$ 0.00	\$	
of you from and	mounts from any source which are regularly ou or your dependents, including child support an unmarried partner, members of your househous matter. Include regular contributions from a in. Do not include payments you listed on line 3	rt. Include regular contributions old, your dependents, parents, spouse only if Column B is not		\$	
5. Net i	ncome from operating a business, professio				
0		Debtor 1 \$ 0.00			
	s receipts (before all deductions)	-\$ 0.00			
	nary and necessary operating expenses monthly income from a business, profession, or f	0.00	> \$ 0.00	\$	
	ncome from rental and other real property	aiiii φ		. *	
0. 1461		Debtor 1			
Gros	s receipts (before all deductions)	\$ 0.00			
	nary and necessary operating expenses	-\$ 0.00			
	monthly income from rental or other real property	\$ 0.00 Copy here -:	>\$0.00	\$	
7 Inter	est dividends and royalties		\$ 0.00	\$	

7. Interest, dividends, and royalties

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Samuel C. Harrison Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 6,073.65 6.073.65 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 6,073.65 Multiply by 12 (the number of months in a year) **x** 12 72.883.80 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MΑ Fill in the number of people in your household. 2 93,086.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Samuel C. Harrison

Samuel C. Harrison Signature of Debtor 1 Case 23-40203 Doc 4 Filed 03/15/23 Entered 03/15/23 10:40:27 Desc Main Document Page 3 of 3

Debtor 1	Samuel C. Harrison	Case number (if known)	
Da	te March 15, 2023		
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14h, fill out Form 1224-2 and file it with this fo	rm	